# **990 Conflict of Interest**

**Purpose**

The Conflict of Interest Policy of the Association of Healthcare Value Analysis Professionals (AHVAP) defines conflicts of interest, identifies classes of individuals within AHVAP covered by this policy, facilitates disclosure of information that may help identify conflicts of interest and specifies procedures to be followed in managing conflicts of interest.

1. Definition: A conflict of interest arises when a person in a position of authority over AHVAP may benefit financially from a decision he or she could make in that capacity, including indirect benefits such as to family members or businesses with which the person is closely associated. This policy is focused upon material financial interest of, or benefit to such persons.
2. Persons covered by this policy are AHVAP’s Officers, Directors, and chief employed executive.
3. Facilitation of disclosure. Persons covered by this policy will annually disclose their interest(s) that could give rise to conflicts of interest. Disclosures will be made on the form attached to this policy.
4. Procedures to manage conflicts. For each interest disclosed to the President of the Board of Directors, the President will determine appropriate action as follows:
   1. Take no action.
   2. Assure full disclosure to the Board of Directors and other individuals covered by this policy.
   3. Request that the person recuse themselves from participation in related discussions or decisions within AHVAP.
   4. Request the person to resign from his or her position in AHVAP.

If the individual refuses to resign, he or she may become subject to possible removal   
 in accordance with AHVAP’s removal procedures.

1. AHVAP’s management company will monitor proposed or ongoing transactions for conflicts of interest and disclose them to the President of the Board of Directors in order to deal with potential or actual conflicts, whether discovered before or after the transaction has occurred.

02/2022\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/YYYY)

Revision/Review Approval Date

10/2016 (MM/YYYY)

Date approved by AHVAP Board of Directors

**Association of Healthcare Value Analysis Professionals**

**Board of Directors Conflict of Interest Policy and Disclosure Form**

In their capacity as directors, the members of the Board of Directors (the “Board”) of the Association of Healthcare Value Analysis Professionals (AHVAP) must act at all times in the best interests of AHVAP. The purpose of this policy is to help inform the Board about what constitutes a conflict of interest, assist the Board in identifying and disclosing actual and potential conflicts, and help ensure the avoidance of conflicts of interest. This policy may be enforced against individual Board members as described below.

1. Board members have a fiduciary duty to conduct themselves without conflict to the interests of AHVAP. In their capacity as Board members, they must subordinate personal, individual business, third-party, and other interests to the welfare and best interests of AHVAP.
2. A conflict of interest is a transaction or relationship which presents or may present a conflict between a Board member’s obligations to AHVAP and the Board member’s personal, business or other interests.
3. All conflicts of interest are not necessarily prohibited or harmful to AHVAP. However, full disclosure of all actual and potential conflicts, and a determination by the disinterested Board members – with the interested Board member(s) recused from participating in debates and voting on the matter – are required.
4. All actual and potential conflicts of interests shall be disclosed by Board members to the AHVAP Board through the annual disclosure form and/or whenever a conflict arises. The disinterested members of the Board shall make a determination as to whether a conflict exists and what subsequent action is appropriate (if any).
5. On an annual basis, all Board members shall be provided with a copy of this policy and required to complete and sign the acknowledgment and disclosure form below. All completed forms shall be provided to and reviewed by the Board President, President Elect and Past President, as well as all other conflict information provided by Board members.

I have read the AHVAP Board Conflict of Interest Policy set forth above and agree to comply fully with its terms and conditions at all times during my service as an AHVAP Board member. If at any time following the submission of this form I become aware of any actual or potential conflicts of interest, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the AHVAP President in writing.

**Disclosure of Actual or Potential Conflicts of Interest:**

**Board Member Signature:**

**Board Member Printed Name:** **Date:**